FAX

R. J. Reynolds Tobacco Co.
400 Raritan Center Parkway
Edison, N.J. 08837

Date 8/10/96

Number of pages including cover sheet 5

To:

Don Fitzgerald

Phone

Fax Phone 910-741-4606

CC: Mark Young

From:

Lanny Wolfe

Phone 908-225-4774

Fax Phone 908-417-9076

REMARKS:

☐ Urgent ☐ For your review ☒ Reply ASAP ☐ Please comment

Dear Don,

Subject: Irvington Tobacco - Private Label Request

Irvington Tobacco has decided to go with "Bargain Buy". Attached is all required paperwork for introducing this brand.

Thanks for your help in expediting this introduction.

Lanny

51849 4278

Source: https://www.industrydocuments.ucsf.edu/docs/fqwy0000

PEER MEMBERSHIP AGREEMENT

DISTRIBUTOR NAME AND ADDRESS: IRVINGTON TOBACCO
215 MALLORY AVE.
JERSEY CITY, N.J.
07304

PHONE NUMBER: 201-332-3646 FAX NUMBER: 201-332-6964

CUSTOMER CONTACT: MEL BASKIN

RJR CUSTOMER #: 305520 RJR CONTACT: FRANK WOLKE

RJR WEEKLY VOLUME (ALL BRANDS): 42 ASSIGNED FORSYTH BRAND:

RETAIL STORES SERVICED: 240

GEOGRAPHIC AREA SERVICED: (Attach additional sheet if necessary)

COUNTY	STATE	COUNTY	STATE
HUDSON	N.J.	UNION	N.J.
ESSEX	N.J.		
BERGEN	N.J.		

ALLIANCE ACCRUAL AVAILABLE: (FROM ORIGINAL PROGRAM)

AVERAGE WEEKLY VOLUME

AGREED TO INTRODUCTORY WORKPLAN: (ATTACH APPROPRIATE ALLIANCE ORDER FORM) ☐ YES ☐ NO

PRODUCT ORDER FORM ATTACHED: ☐ YES ☐ NO

MERCHANDISING/POS ORDER FORM ATTACHED: ☐ YES ☐ NO

KICK-OFF PROGRAM START DATE: END DATE:

BY SIGNING THIS FORM, THE UNDERSIGNED DISTRIBUTOR ACKNOWLEDGES THAT IF IT CEASES TO BE AN ACTIVE MEMBER OF PMA, IT WILL NOT BE ELIGIBLE TO PURCHASE THE ASSIGNED FORSYTH BRAND.

CUSTOMER 7/5/96 DATE RJR 7/5/96 DATE

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PEER ASSOCIATE MEMBER AGREEMENT FORM

By signing this form and subject to Peer approval, the undersigned distributor agrees to become an associate member of Peer Marketing Associates (Peer). As an associate member of Peer, the undersigned distributor is entitled to participate in the Forsyth Products / Peer Marketing cigarette program.

The undersigned distributor acknowledges that it is not entitled to participate, as an associate member, in any of the other Peer programs or rights granted full members other than the Forsyth Products / Peer Marketing cigarette program.

To become an Associate member, the undersigned distributor agrees to pay an initiation fee of $100 to Peer Marketing Associates (at the time this form is submitted) to cover Peer's administrative costs. This form and payment should be mailed to Peer Marketing Associates; 16 Arcadian Avenue, Suite C 1; Paramus, New Jersey 07652; Attn: Associate Member Form.

[signature] 7/5/94

Customer Signature Date

IRVINGTON TOBACCO

Distributor Name

215 MALLORY AVE.

Address

JERSEY CITY, N.J. 07304

City and State Zip Code

201-332-3640

Phone Number

51849 4280

Source: https://www.industrydocuments.ucsf.edu/docs/fqwy0000

EXHIBIT C

FORSYTH TOBACCO PRODUCTS - PAYMENT REQUEST/CHANGE

TO: _____ FROM: LANNY WOLFE

CUSTOMER SERVICE

BRAND: BARGAIN BUY FIRST SHIP MO: SEPT.

NAME: IRVINGTON TOBACCO.
ADDRESS: 215 MALLORY AVE.
IRVINGTON, N.J.
07304
ATTN: MEL BASKIN

MAIL CHECK TO: MEL BASKIN, IRVINGTON TOBACCO

DIVISION NO:

FOR HAND DELIVERY TO ACCOUNT

	ORIGINAL AS OF 8/9/96	REVISED AS OF	REVISED AS OF	REVISED AS OF	REVISED AS OF
LIST PRICE:	9.19.				
MONTHLY PAYMENT PER CARTON:					
MONTHLY ~~PAYMENT~~ Accrual PER CARTON:	.30				
OFF-INVOICE ALLOWANCE PER CARTON:	2.30.				

DIRECT SHIP-TO LOCATIONS:

NEW *	DELETE *	SIS #	SHIP-TO
✓		305520	IRVINGTON TOBACCO Co.

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* - INDICATE IN PROPER COLUMN WHETHER ADDING OR DELETING DIRECT ACCOUNT

Source: https://www.industrydocuments.ucsf.edu/docs/fqwy0000

☑ NEW BRAND ☐ NEW ACCOUNT ☐ LINE EXTENSION

Forsyth/Field Sales Contact Person: LANNY WOLFE Phone: 908-225 4774

Voice Mail: 48795

Customer Services Contact Person: _____ Phone: _____

(Completed by Forsyth) (Completed by Forsyth)

Brand Name: BARGAIN BUY

(Completed by Forsyth)

Brand Styles indicated below are those currently manufactured - if style(s) not needed, mark out; if additional styles needed, check appropriate block (current styles will be filled out by Forsyth when Brand is determined).

☑ FF 85 ☑ LT 85 ~~☐ LT M 85~~ ~~☐ ULT 85~~ ~~☐ FF M 85~~ ~~☐ FF BOX~~ ~~☐ FF M BOX~~ ~~☐ LT 100 BOX~~

☑ FF 100 ☑ LT 100 ☑ LT M 100 ☑ ULT 100 ~~☐ FF M 100~~ ~~☐ LT BOX~~ ~~☐ LT M BOX~~ ~~☐ NON-FILTER~~

Do you expect this new brand to behave like any of the following brands?

☑ GPC ☐ BASIC ☐ MONARCH ☐ BEST VALUE ☐ _____

(Other)

Is the new brand replacing an existing brand? NO.

(brand being replaced)

Please note any other pertinent information that may aid in the forecasting process (e.g., comparable accounts, estimated share, pricing issues, etc.)

Are introductory promotions expected? ☐ YES ☑ NO If yes, attach promotions form from Forsyth Planning Guide.

TO BE FILLED OUT BY FORSYTH/CUSTOMER SERVICES

☐ Check here if a forecast is needed for **all** accounts currently purchasing the brand (for line extensions only), or provide account information in the spaces below.

Account Names:	Account Numbers:	# of Stores to receive brand:	Whse Name/Number:

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- When providing AIM data, Customer Services will pull 13 weeks of current information, when available.

Source: https://www.industrydocuments.ucsf.edu/docs/fqwy0000

ATTACHMENT 1

FORSYTH PRIVATE LABEL REQUEST

ACCOUNT NAME: IRVINGTON TOBACCO. ___INDIRECT RETAIL CHAIN

ADDRESS: 215 MALLORY AVE. ✓DIRECT ACCOUNT

(No P.O. Boxes) JERSEY CITY, N.J. 07304 ___DIRECT RETAIL CHAIN

CHAIN ID/DA # 305520

IF CHAIN: _____ AVG. INDUSTRY CPW _____ PRESENT LOWEST PRICED BRAND

_____ AVG. RJR CPW _____ PRESENT LOWEST PRICED BRAND AVG. CPW

_____ IND. FP CPW

_____ IND. BS CPW

_____ # STORES

_____

(SUPPLIER(S) NAME AND #)

STORE TYPE _____ (C/S, SM, ETC.)

RJR MERCHANDISING PLAN: ___YES ___NO

IF D/A: PRESENT P/L BRAND(S) NONE

ANN. RJR DOLLAR VOL. $1,435,280.00 PRESENT P/L ANN. CASE VOL. _____

RATIONALE FOR PRIVATE LABEL: ACCOUNT INTENDS TO ESTABLISH A PRIVATE LABEL BRAND PRIOR TO JAN 1997 IN CASE THE $2.50/CTN. INCREASE IN N.J. STATE TAX GOES THROUGH. RJR S.O.S.C IS 14%, BAT'S SOSC IS 71%. WE NEED THIS ITEM IN THIS ACCOUNT TO COMPETE IN THE SAVINGS CATEGORY.

COUNTIES AND STATES NEEDED: HUDSON, N.J.
ESSEX, N.J.
BERGEN, N.J.

LANNY WOLFE.
INITIATOR'S NAME & DIV. #
(Please Print)

_____
AVP SIGNATURE

VOICE MAIL # 48795

RETAIL BONUS $_____
(CALCULATED BY S/A OFFICE)

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FOR FORSYTH USE ONLY

DATE RECEIVED _____

BRAND AVAILABLE _____ PLACED ON HOLD UNTIL _____

PICTURE/UPC'S SENT ___YES ___NOT YET AVAILABLE (NEW BRAND)

BLANK AGREEMENT SENT _____

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